

Authorization for Direct Deposit - Employee Form

This authorizes WeCuro, Inc (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

Account #1

Account #1 Type (check one): ☐ Checking ☐ Savings

Employee Bank Name

Bank Routing # (ABA#) Account #

Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): ☐ Checking ☐ Savings

Employee Bank Name

Bank Routing # (ABA#) Account #

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Date

IMPORTANT: This document must be signed by employees or contractors requesting automatic deposit of paychecks, payments and retained on file by the employer. Do not send this form to Intuit. Employees/contractor do not attach a voided check for each of their account. But you are required to verify their account numbers and bank routing numbers. Employee/Contractor: Please fill out and return to your employer. Employer: Please save for your files only.